

PERMIT HOLDER/ PERSON IN CHARGE NAME

Wild Strake

closed will not open

DE State Fam 2019

TEMPORARY FOOD ESTABLISHMENT INSPECTION REPORT

C=Compliant V=Violative NA=Not Applicable*=Priority and Priority Foundation Items require immediate action.

EVENT NAME

Hard wash Station of wash 1 map	A Sanitra must be in place prior to officiali
	35-05-20/06/06/16
SC SC	by (Name/Title) 7/18/19 Date
LAN No floring present in food prejarea	
2 301, 5-263) 5-204 6-30121	To handwashing station or scape page tour
	-loth.
5-304 - No Set up for wash	rinse, + sonitize, No santizer
Section Violated	Remarks
*3-302 Food protected from cross contamination *3-304 Food contact surfaces cleaned and sanitized *4-502 Only single service articles to consumers *3-303 Food not in contact with undrained ice or water	*6-101 Floor surfaces covered, adequately drained *6-101 Windblown dust, debris effectively controlled *6-201 Floors cleanable, *6-201 Walls, ceiling cleanable, *6-501 Floors, walls, ceilings in good repair
*3-501 Time as control: if not held as above TCS marked, and served/discarded within 4 hours	*6-402 Toilet facilities convenient, accessible Physical Facilities
*3-501 Cold TCS held at or below 41°F *3-501 Hot TCS held at or above 135°F TCS	*5-501 Solid waste disposal – proper storage, removal
Improper Holding	*5-403 Liquid waste disposal – approved method
*4-301 Equipment to cook and rapidly reheat TCS*4-302 Thermometer to measure food temps used	*5-101 Potable water – approved source *5-103 Potable water – adequate supply *5-205 Potable water – no cross connections
*3-401 Raw animal food cooked to proper temperature *3-403 TCS for hot holding rapidly reheat to 165°F	Water, Plumbing and Waste
Inadequate Cooking Time/Temperature Parameters	*3-301 No barehand contact with exposed RTE food
*3-201 Food obtained from approved source *3-202 Shellstock identification tags available	*6-301 Hand cleanser, paper towels provided, used *2-401 Good hygienic practices followed
Food from Unsafe Source	*2-301 Handwashing – hands properly washed *5-203 Handwashing station approved or other means *5-204 Handwashing convenient, accessible
*2-201 Personnel with infection restricted or excluded	Hands as Vehicle of Contamination
Employee Health Controls	Poor Personal Hygiene
Demonstration of Knowledge *2-102 Person In Charge knowledge of food safety	*3-304 Wiping cloths properly stored *3-306 Food protected from consumer contamination *4-302 Test kit or device to measure sanitizer
FOOD.	,
SECTION #'S REFER TO STATE OF DELAWARE FOOD CODE TCS REFERS TO TIME/TEMPERATURE OF CONTROL FOR SAFETY	Contaminated Equipment (continued)

Received by (Name/Title)

Office of Food Protection RY FOOD ESTABLISHMENT INSPECTION REPORT

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35-05-20/06/06/16